

SERFF Tracking Number: UNAM-128479007 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: RPT-LTC 2011
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Claims Denial Report - 2011
Project Name/Number: /

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: LTC Claims Denial Report - 2011 SERFF Tr Num: UNAM-128479007 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: RPT-LTC 2011

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed-Accepted for Informational Purposes

Filing Type: Form
Author: Holly Parenti
Date Submitted: 06/14/2012
Reviewer(s): Donna Lambert
Disposition Date: 06/14/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 06/14/2012
State Status Changed: 06/14/2012
Deemer Date: Created By: Holly Parenti
Submitted By: Holly Parenti Corresponding Filing Tracking Number:
Filing Description:

Enclosed is a copy of the Claims Denial Reporting Form Long-Term Care Insurance for the reporting year 2011.

Should you have any questions, please contact me at 407-444-4522, or toll free at 1-800-538-1053 ext. 4104522 or hparenti@universalamerican.com.

Thank You
Holly Parenti

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State Narrative:

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@universalamerican.com
P.O. Box 958465 407-444-4522 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001 Group Name: State ID Number:
Lake Mary, FL 32746 FEIN Number: 48-0557726
(407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Pyramid Life Insurance Company	\$0.00	06/14/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		06/14/2012	06/14/2012

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Disposition

Disposition Date: 06/14/2012

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Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Claims Denial Reporting Form	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			
Satisfied - Item:	LTC Claims Denial Reporting Form	Accepted for Informational Purposes	06/14/2012
Comments:			
Attachment:	LTC Claims Denial Report - AR - PYR.pdf		

Claims Denial Reporting Form Long-Term Care Insurance

For the State of Arkansas

For the Reporting Year of 2011
Due: June 30 annually

Company Name: The Pyramid Life Ins. Co.

Company Address: 1001 Heathrow Park Lane

Lake Mary, FL 32795

Company NAIC Number: 68284

Contact Person: MARY REICHERT

Phone Number: 907-444-4371

Line of Business: ☒ Individual ☐ Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	150	31,429
2	Total Number of Long-Term Care Claims Denied/Not Paid	3	242
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	72
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	3	170
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	2.7%	1.9%
7	Number of Long-Term Care Claim Denied due to:	-	-
8	• Long-Term Care Services Not Covered under the Policy ²	2	31
9	• Provider/Facility Not Qualified under the Policy ³	0	0
10	• Benefit Eligibility Criteria Not Met ⁴	1	66
11	• Other	0	73

- The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- Example—home health care claim filed under a nursing home only policy.
- Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
- Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.